other evidence that a catarrhal condition has been established, and thus the appendix epithelium has had time to become shed and form an infection before a medical man is asked to see the patient.

EYE, EAR, NOSE AND THROAT SOCIETY.

October 15, 1908.

Dr. Cross presenting a case: I wish to present a case to you to-night in which I have been very much interested because of the unusualness of it. I have been very anxious to obtain photographs of the condition present in the mouth. I have been invited here this evening by Drs. Sewall and Martin because of the interest which the members of this Society might have in the case. This case is, I think, one of tuberculosis of the mucous membrane of the mouth. I have been unable to find much about tuberculosis of the tonsils or mucous membranes of the mouth and as I had only seen one case which looked like this, I came to the conclusion that this was a tubercular affair. I took some of the secretions off of the ulcerations and tubercle bacilli were found. I sent a specimen to the Board of Health in one of their test tubes and they also reported tubercle bacilli. So far as I have been able to make out, this man has no other focus of tuberculosis, he is strong and well and looks to be in good health, his occupation is that of a barber. He was raised on a farm and is a native of Vermont and he has a very good physique. He has a little mitral insufficiency and an enlargement of about one-half inch. He did not know when he came to me the nature of his trouble and I have never told him. His age is about 35. In looking up this subject I have been able to find but very little about it, but in American Medicine of September Dr. G. C. Sharp reports a case of tuberculosis of the mucous membranes of the mouth and gives an illustration of tuberculosis of the tongue. He mentions in his article the extreme rarity of the disease and how few cases he was able to find when looking up the subject. This case was interesting to me from the point of examination. From the history of these cases I find that they usually die within six months. Sharp quotes two cases which died and mentions that there is very little to do for them besides the ordinary anti-tubercular treatment. Why we do not have more of these cases I do not know. There is very little induration in this case, at first appearance you would not be alarmed at the condition. The point is that these cases always get to the general practitioner before going to the specialist and the rarity of them makes them a condition which really should be called specially to the attention of the general practitioner.

SAN FRANCISCO COUNTY MEETING OF SEPTEMBER 8, 1908.

Paper, "Acute Diverticulitis of the Sigmoid." Dr. J. H. Barbat.

Dr. MacMonagle: I have not a great deal to say that is of importance on this subject. I do not think, however, that such a subject should go by without our saying something about it. This is a real condition and a condition which holds forth some things perhaps not so satisfactory in results as diseases of the appendix, but quite as important when it is in active progress. My own experience with the trouble is not very great. I can recall some cases of supposed cures of cancer of the sigmoid, the subsequent course of which has been so very favorable and continued as a cure for so long that I am now of the opinion that there must have been an error in the diagnosis and we had to deal with diverticulitis and peridiverticulitis. I had intended reporting these cases as cures of cancer, but this condition having now come forward I am quite convinced that they should not be reported as such. Macroscopically they appeared to be cancer, and in fact one, I believe, was pronounced cancer by microscopy. I believe that this condition does not occur as frequently in women as in men. Three of the cases upon which I operated were in men. One was in a doctor and he has congratulated me time and again for curing him of cancer of the sigmoid. The specimens I kept until the recent fire when they were destroyed, thereby depriving me of the opportunity for more careful investigation to confirm me in the diagnosis. I can now recall cases of pain in the left side with symptoms of inflammatory conditions which I believe now to have been diverticulitis of the sigmoid. I think that these cases are not all surgical, but that there are a number that can be treated medically and will get well. They do not all have the very acute and dangerous symptoms which were found in Dr. Barbat's case. It think it requires a good deal of care and discrimination to decide on an operation. When a case has advanced to a great extent and the bowel is thickened and there is pus around the outside of the bowel, a surgical operation becomes an absolute necessity. A number of cases will get on for a long time with diverticulitis. I recall to mind one case of a man who had suffered for four years before the diagnosis was made. The diagnosis being made, he was operated on and cured of this painful condition.

Dr. Raymond Russ: Dr. Barbat is to be congratulated upon his presentation of this case—of special interest to the surgeon, for it gives a clue as to the origin of those conditions of left-sided abdominal pain, resembling appendicitis, which are sometimes met with. It is to be regretted that our dissecting rooms have furnished so few statistics of abnormalities of the bowel. While other portions of the body have been carefully studied, the abdominal content has been greatly neglected. The pathologist has given us much information, but the anatomist has done little to advance our knowledge in this respect. Diverticulitis has generally been divided into the true and the false—simple herniae through the coats of the sigmoid being placed in the latter class. The presence of congenital diverticula of the sigmoid has been denied by some authors. I wish to cite an instance of what I regard as a true congenital diverticula which I discovered recently while operating on a dog. The purpose of my operation was the entire reversal of the large and small intestine, my object being to study the action of peristalsis by this method. This operation in the dog is not difficult on account of the long mesentery. I had resected the bowel a little below the duodeno-jejunal junction and had closed the oral end with a view of making a lateral anastomosis between the sigmoid and the first portion of the small intestine. In resecting the sigmoid a few centimetres above the anus and closing the distal end, my attention was directed to a projection, about 2 cm. in length, arising from the sigmoid opposite the mesentery. At first I thought it was a collection of fat, but on more careful examination I found that the walls of this anomaly had the same structure as those of the bowel and were continuous with it. The diverticula, for such it was, had a distinct opening in the bowel which was quite large and could be easily palpated. I was so much interested in the operation that I did not save the specimen, which I have since regretted.

Dr. C. E. Farnum: This subject is of much interest to me for the reason that I have recently operated upon two cases, both of whom probably had diverticulitis of the sigmoid. As both patients recovered after separation of adhesions with drainage, and without resection, there was no patholog-